

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics



2008 APR 25 AM 9:13

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or _____
 Mailing Address _____
 Area Code & Telephone _____

Glenwood Resource Center
 711 South Vine Street
 Glenwood, Iowa 51534

ip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____
 Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____
 Email Address _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

BRISTOL-MYERS SQUIBB CO
 Name _____
5920 S. 88TH ST. LINCOLN NE 68526
 Mailing Address _____ City, State, Zip Code _____
 Area Code & Telephone Number _____
 Email Address (optional) _____

4-10-08 \$ 164.05
 Date of Gift, Bequest, or Grant Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

LUNCHEON FOR 55 EMPLOYEES DURING TRAINING SESSION

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Luth Messinger
 Signature

4-21-08
 Date

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2008 APR 25 AM 9:13

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

Reset Form

FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or _____
Mailing Address _____
Area Code & Telephone _____

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

ip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

FAIRVIEW WORKING BAND

Name _____

STUART, IA 50250

Mailing Address _____

City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

4-16-08

\$ 100.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

DONATED FUNDS TO BE USED FOR CLIENT ACTIVITIES

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

4-21-08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics

2008 APR 25 AM 9:13

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Mailing Address: Glenwood Resource Center
 711 South Vine Street
 Glenwood, Iowa 51534
 Area Code & Telephone: _____

ip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: _____
 Mailing Address (if different from above): _____
 City, State, Zip (if different from above): _____
 Email Address: _____
 Area Code & Telephone Number (if different from above): _____

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: ALA #240
 Mailing Address: SHELBY IA 51570-5406
 City, State, Zip Code: _____
 Area Code & Telephone Number: _____
 Email Address (optional): _____

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

FUNDS TO BE USED FOR CLIENT ACTIVITIES

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date